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**Plan of Correction**

DHSR-MH Licensure Sect

| <b>Findings</b>                                       | <b>Corrective Action Steps</b>  | <b>Preventative Measures</b>  | <b>Responsible Party</b>              | <b>Time Frame</b> |
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| 27G.0207<br>Emergency Plans and Supplies              | Drills were completed on every shift for each drill as the rule states. We have shown the exact plans before and were not cited for our drills. | Drills were completed on every shift for each drill as the rule states. We have shown the exact plans before and were not cited for our drills. | Support Specialist                    | 30 days           |
| 10A NCAC 27G 0209 Medication Requirements             | Medication closet door has been repaired.<br><br>Company is purchasing medication carts.  | Company is purchasing medication carts.   | Maintenance<br><br>Operational Manger | 60 days           |
| 27G.5602<br>Supervised Living-Staff 10A NCAC          | Each individual receives one on one time. It was put in place to work on their individual skills.   | Staffing ratio was being followed per the rule and individual ISP.<br><br>Due to presence of surveyor, individuals became agitated.             | Qualified Professional                | 60 days           |
| 27G.0303(c) 10A NCAC Facility and Grounds Maintenance | Work orders are completed every time there is property damage or a maintenance issue. There is a two week turn around for all issues.           | Work orders are completed every time there is property damage or a maintenance issue. There is a two week turn around for all issues.           | Maintenance                           | 60 days           |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL026-964</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>01/29/2019</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COLLEGE LAKES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5104 FLATROCK DRIVE<br/>FAYETTEVILLE, NC 28311</b> |
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| V 000 | <p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on January 29, 2019. The complaint was substantiated (intake #NC00145008). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>   | V 000 |   |  |
| V 114 | <p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Interview on 1/29/19 the Qualified Professional (QP) stated the facility shifts were as follows:<br/>-1st shift, 8 am - 4 pm</p> | V 114 | <p style="text-align: center;"><b>RECEIVED</b><br/><b>FEB 14 2019</b><br/><b>DHSR-MH Licensure Sect</b></p> |  |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*James Mc* TITLE *QP*

(X6) DATE  
**2/11/19**

Division of Health Service Regulation

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| V 114              | <p>Continued From page 1</p> <p>-2nd shift, 4 pm - 12 midnight.<br/>-3rd shift, 12 midnight - 8 am.<br/>-Week end shifts, 8a - 8 pm, and 8 pm - 8 am.</p> <p>Review on 1/29/19 of facility records from October 2018 thru December 2018 revealed:<br/>-No fire drills had been documented on either of the week end shifts.<br/>-No disaster drills had been documented on either of the week end shifts.</p> <p>Further interview on 1/29/19 the QP stated she did not understand drills had to be done on the week end shifts if they were done on the other 3 shifts each quarter.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>   | V 114         |   |                    |
| V 120              | <p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(e) Medication Storage:<br/>(1) All medication shall be stored:<br/>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br/>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;<br/>(C) separately for each client;<br/>(D) separately for external and internal use;<br/>(E) in a secure manner if approved by a physician for a client to self-medicate.<br/>(2) Each facility that maintains stocks of controlled substances shall be currently</p> | V 120         |   |                    |



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| V 120              | <p>Continued From page 2</p> <p>registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation the facility failed to ensure all medications were kept stored in a securely locked cabinet in a clean, well-lighted, ventilated room. The findings are:</p> <p>Observation on 1/28/19 at approximately 4:40 pm of the storage room revealed:</p> <ul style="list-style-type: none"> <li>-The Qualified Professional (QP) unlocked and opened the door of the storage room.</li> <li>-The room was used to store various items to include a chest freezer, unused window blinds, multiple cleaning supplies, charcoal and charcoal lighter fluid, paint, sheet rock, and a cooler.</li> <li>-A book case was used to store multiple binders and 5 black tackle boxes filled medications.</li> <li>-4 of the tackle boxes were labeled with a client name, one per box. Inside each were medications labeled for that client.</li> <li>-1 tackle box contained medications labeled for more than 1 client.</li> <li>-1 paper bag, stapled closed, with client #1's name on the outside. The name of a local pharmacy was printed on the bag and bubble packs of medication could be seen inside the bag.</li> <li>-The door frame was cracked and separated from the supporting walls.</li> <li>-When the door was closed the locking mechanism would not engage.</li> <li>-The door could be easily pushed open, even with the door lock mechnism locked.</li> </ul> <p>Interview on 1/29/19 the QP stated:</p> | V 120         |   |                    |

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| V 120              | Continued From page 3<br>-The storage room was used to store client medications.<br>-The unlabeled tackle box contained "over flow" medications for the clients.<br>-The medication boxes should have been individually locked.   | V 120         |   |                    |
| V 290              | 27G .5602 Supervised Living - Staff<br><br>10A NCAC 27G .5602 STAFF<br>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.<br>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.<br>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:<br>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or<br>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or | V 290         |   |                    |

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| V 290 | <p>Continued From page 4</p> <p>more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by:<br/>Based on observations, record reviews, and interviews, the facility failed to provide staff-client ratios above the minimum numbers to enable staff to respond to individualized client needs affecting 2 of 3 clients (client #1, client #2).</p> <p>Finding #1:<br/>Review on 1/29/19 of client #2's record revealed:<br/>-26 year old male admitted July 2006.<br/>-Diagnoses included Autism and severe intellectual disability, attention deficit hyperactive disorder (ADHD), Intermittent Explosive disorder.</p> <p>Review on 1/29/19 of client #2's Individual Service Plan dated 5/1/18 revealed:<br/>-"Behaviors- [Client #2] has hit, kicked, bite himself, and, history of being physically aggressive towards others, and will exhibit self-injurious behaviors... [Client #2] will hit and bang against the wall. Staff should attempt to verbally redirect [client #2] when he is displaying</p> | V 290 |  |  |
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| V 290 | <p>Continued From page 5</p> <p>aggressive behaviors. When verbal redirection does not work, any items that [client #2] can harm himself and others with should be removed. If [client #2] is noncompliant then staff will escort [client #2] to his room to allow his time to calm down. [Client #2] should be visually supervised during these times to prevent any self-injurious behaviors from occurring. This behavior has decreased in the last few years but continues to occur infrequently."</p> <p>"Strategies for Crisis Response and Stabilization: ... [Client #2] needs 1:1 services due to the severity of his physical aggressive behaviors and history of past choices to harm himself... [client #2] does not participate in any group activities without 1:1 staffing..."</p> <p>Finding #2:<br/>Review on 1/29/19 of client #1's record revealed:<br/>-27 year old male admitted August 2006.<br/>-Diagnoses included Autistic, Smith-Magenis Syndrome, ADHD, severe mental retardation.<br/>-Individual Service Plan dated 7/17/18 documented a history of being aggressive toward others; smearing feces; would hit his roommates; would hit his head, pick sores, urinate on self, pick at his eyelashes, bite self, pick at his toenails; try to touch others while his hands were not clean; touch women inappropriately; continued to be territorial and must be redirected and prompted.</p> <p>Observations on 1/28/19 between approximately 3:00 pm and 4:15 pm revealed:<br/>-Staff #2 answered the door. Clients #1 and #2 were immediately behind the staff and client #1 and client #2 were reaching and making contact with each other, as they tried to approach the door.<br/>-Staff #2 verbally redirected clients #1 and #2, but</p> | V 290 |  |  |
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| V 290 | <p>Continued From page 6</p> <p>their behaviors continued. At the same time Staff #2 was trying to respond to the surveyor. Staff #2 stated she was the only staff on duty.</p> <p>-A crescent shaped red mark was seen on client #2's forehead.</p> <p>-Surveyor acknowledged staff #2 was busy with the clients and offered to step outside and call the Qualified Professional (QP) to inform her of the survey.</p> <p>-When the door was closed Staff #2's voice could be heard in a raised, loud tone, but not able to understand her words.</p> <p>-At approximately 3:15 pm a second staff arrived and identified himself as Staff #1. He stated he was there to relieve Staff #2 who would be leaving when her "ride" arrived.</p> <p>-At approximately 3:35 pm a van arrived with a female driver and a male passenger.</p> <p>-At approximately 4:20 pm the 3 staff loaded all clients on the van and left the facility. The QP had not arrived. Staff #1 and #2 stated they were taking the clients on an outing, but stated they did not know where they were going.</p> <p>-When client #1 was getting into the van 2 small bright red marks were seen on his forehead.</p> <p>Observations during the facility tour on 1/28/19 between 4:30 pm and 5:30 pm revealed:</p> <p>-The floor plan of the home was "L shaped" structure. When facing the home from the street, client #1's bedroom was on the far left side of the home, and client #2's bedroom was on the far right of the "L" shaped home, beyond the 90 degree angle of the home's floor plan.</p> <p>-There was a closet blocking the sight line from client #2's bedroom to the common areas of the home including the den/dining room. The 90 degree turn of the "L" shaped floor plan prevented a direct sight line from client #2's bedroom to the kitchen, medication storage room,</p> | V 290 |  |  |
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| V 290 | <p>Continued From page 7 and client #1's bedroom.</p> <p>Interview on 1/28/19 Staff #2 stated:<br/>-She worked day shifts from 8 am to 4 pm, Monday - Friday. Her title was "Support Staff," and she was a direct care staff.<br/>-Client's behaviors depended on how "antcy" they were; usually "pretty good."<br/>-Client #1 could be aggressive, not severe, and have self injurious behaviors like picking at his skin.<br/>-Client #2 had "mildly aggressive behaviors."<br/>-She worked as the only staff on duty about half of the time.<br/>-When questioned about hearing her raise her voice, she stated clients got agitated when they saw someone at the door; client #1 tried to "boss" the other clients around.<br/>-Stated the red mark on client #2's forehead was food and could be wiped away.<br/>-The red marks on client #1's forehead were due to his self injurious behaviors.</p> <p>Telephone interview on 1/29/19 client #2's day worker stated:<br/>-He had been with client #2 the prior Friday, the prior day, and on 1/29/19.<br/>-He had noticed a mark on client #2's forehead the prior day that was not there the prior Friday. It looked like a bruise; the skin was not broken.<br/>-It was not that unusual for him to see marks and bruises on client #2. When he would ask residential staff what happened, the response was typically that client #2 would get into a "fight" with a fellow resident in the group home.</p> <p>Interviews on 1/28/19 the QP stated:<br/>-During telephone interview the QP requested surveyor to not enter the home until she, the QP, arrived.</p> | V 290 |  |  |
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| V 290              | Continued From page 8<br><br>-She had told the staff to take the clients on the outing before her arrival for the survey on 1/28/19. She did not know where they were going.<br>-The person driving the van was from a sister facility.<br>-Her requests for the surveyor to remain outside until her arrival, and for the staff to take the clients on an outing, was because she remembered from past surveys that the clients became agitated when the surveyor arrived.<br><br>Refer to V736 for observations on 1/28/19 between 4:30 pm and 5:30 pm of the physical environment and results of client behaviors.   | V 290         |   |                    |
| V 736              | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:<br><br>Observations on 1/28/19 between approximately 4:30 pm and 5:30 pm revealed:<br>-Smoke detector chirping could be heard from the family/dining room.<br>-Large crack in ceiling between the dining area and den area.<br>-Unpainted wall repair approximately 12 inches in | V 736         |   |                    |

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| V 736              | <p>Continued From page 9</p> <p>diameter in family room.</p> <ul style="list-style-type: none"> <li>-Unpainted wall repair approximately 24 inches by 18 inches in size with a hole in the center approximately 3 inches by 4 inches in size.</li> <li>- Client #1's bedroom revealed the walls had numerous dark scuff marks. Left bi-fold closet door had been removed. Hole, approximately the size of a tennis ball, below the left front window.</li> <li>-Broken recliner in the open room in rear of the home.</li> <li>-Storage room: Medication boxes for each client stored in the room along with freezer, cleaning supplies, stored window blinds, paint, and sheet rock. Debris on floor to include 2 vinyl gloves and empty plastic bottle. The door frame was cracked and separated from the supporting walls. A gap, approximately 2 inches, separated top of the door and door frame. When the door was locked, the locking mechanism would not engage and the door could be easily pushed open.</li> <li>-Bathroom with washer and dryer: 4 unpainted areas of wall repairs. A cup on the sink contained 4 tubes of used toothpaste and 2 tooth brushes. None were labeled.</li> <li>-Client #4's room had discolored areas of carpet along the room's perimeter.</li> <li>-A jar of Eucerin cream, no label, on the sink in the second bathroom.</li> <li>-Client #2's room: Holes in the walls; one about the size of a softball and the other, nearest the closet was about 9 inches in diameter. Long vertical cracks in the 6 panel door spanning the top 4 panels.</li> <li>-Hall closet in front of front entry door had the doors removed. Door frame was unpainted. There was a vacuum cleaner stored in the opened closet area. There were 2 vents above the closet; dust present and 1 was separated from the wall.</li> </ul> | V 736         |   |                    |

Division of Health Service Regulation

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL026-964</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>01/29/2019</b> |
|--|---|---|---|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COLLEGE LAKES**

**5104 FLATROCK DRIVE  
FAYETTEVILLE, NC 28311**

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
|--------------------|--|---------------|---|--------------------|

V 736

Continued From page 10

Interview on 1/28/19 the Qualified Professional stated:

- A work order had been submitted for wall repairs in client #1's room the prior week.
- The facility had a 2 week turn-around time to complete work orders.
- Client #1's closet doors were being replaced.
- She did not know to whom the unlabeled tooth paste or tooth brushes belonged, but most likely, client #1's because this was the bathroom he used.
- She did not believe the Eucerin cream belonged to any of the clients; it may have been left there by a staff.
- Wall repairs were an ongoing need with these clients.

This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.

V 736



**STATE FORM: REVISIT REPORT**

|  |    |   |  |                              |    |
|--|----|---|--|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER<br>MHL026-964 | Y1 | MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing | Y2   | DATE OF REVISIT<br>1/29/2019 | Y3 |
| NAME OF FACILITY<br>COLLEGE LAKES                                |    |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>5104 FLATROCK DRIVE<br>FAYETTEVILLE, NC 28311 |                              |    |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM<br>Y4                    | DATE<br>Y5        | ITEM<br>Y4                 | DATE<br>Y5        | ITEM<br>Y4                    | DATE<br>Y5        |
|-------------------------------|-------------------|----------------------------|-------------------|-------------------------------|-------------------|
| ID Prefix <u>V0112</u>        | Correction        | ID Prefix <u>V0133</u>     | Correction        | ID Prefix <u>V0752</u>        | Correction        |
| Reg. # <u>27G .0205 (C-D)</u> | Completed         | Reg. # <u>G.S. 122C-80</u> | Completed         | Reg. # <u>27G .0304(b)(4)</u> | Completed         |
| LSC _____                     | <u>01/29/2019</u> | LSC _____                  | <u>01/29/2019</u> | LSC _____                     | <u>01/29/2019</u> |
| ID Prefix _____               | Correction        | ID Prefix _____            | Correction        | ID Prefix _____               | Correction        |
| Reg. # _____                  | Completed         | Reg. # _____               | Completed         | Reg. # _____                  | Completed         |
| LSC _____                     |                   | LSC _____                  |                   | LSC _____                     |                   |
| ID Prefix _____               | Correction        | ID Prefix _____            | Correction        | ID Prefix _____               | Correction        |
| Reg. # _____                  | Completed         | Reg. # _____               | Completed         | Reg. # _____                  | Completed         |
| LSC _____                     |                   | LSC _____                  |                   | LSC _____                     |                   |
| ID Prefix _____               | Correction        | ID Prefix _____            | Correction        | ID Prefix _____               | Correction        |
| Reg. # _____                  | Completed         | Reg. # _____               | Completed         | Reg. # _____                  | Completed         |
| LSC _____                     |                   | LSC _____                  |                   | LSC _____                     |                   |
| ID Prefix _____               | Correction        | ID Prefix _____            | Correction        | ID Prefix _____               | Correction        |
| Reg. # _____                  | Completed         | Reg. # _____               | Completed         | Reg. # _____                  | Completed         |
| LSC _____                     |                   | LSC _____                  |                   | LSC _____                     |                   |

|   |                        |      |  |                |
|---|------------------------|------|--|----------------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR<br><i>Betty Anderson</i> | DATE<br>2/1/19 |
| REVIEWED BY CMS RO <input type="checkbox"/>       | REVIEWED BY (INITIALS) | DATE | TITLE  | DATE           |

|   |  |   |
|---|--|---|
| FOLLOWUP TO SURVEY COMPLETED ON<br>9/6/2018 | <input checked="" type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|---|